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T. LEMIEUX APR 16 2024

COVER LETTER

SUBJE	CT:	American S	Salmon Inc				
			Name of	`corporation	n - must	include suffix	
Dear Sir	or Ma	adam:					
"Certific	cate of	Existence	." or "Certificate o	of Good Star	nding'' a	nd check are sub	
Please re	eturn a	ıll correspo	ondence concernin	g this matte	r to the f	following:	
Stephen	Rose	Name of corporation - must include suffix or Madam: osed "Application by Foreign Corporation for Authorization to Transact Business in Florida," atte of Existence," or "Certificate of Good Standing" and check are submitted to register the erenced foreign corporation to transact business in Florida. furn all correspondence concerning this matter to the following: tose Name of Person Firm/Company V 116th Ave, Address City/State and Zip code ch@outlook.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call:					
			Name of corporation - must include suffix on by Foreign Corporation for Authorization to Transact Business in Florida, "." or "Certificate of Good Standing" and check are submitted to register the corporation to transact business in Florida. ondence concerning this matter to the following: Name of Person				
							tion to Transact Business in Florida," check are submitted to register the da. lowing: de annual report notification) 46 Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FE filing Fee & □ \$87.50 Filing Fee, d Copy Certificate of Status &
		American Salmon Inc Name of corporation - must include suffix Adam: Application by Foreign Corporation for Authorization to Transact Business in Florida," Existence, or "Certificate of Good Standing" and check are submitted to register the ed foreign corporation to transact business in Florida. Il correspondence concerning this matter to the following: Name of Person Firm/Company th Ave. Address 79 City/State and Zip code atlook.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: at (305 / Area Code Daytime Telephone Number) ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					
12380 N	W 116	th Ave,					
				Addı	ess		
Miami, I	FL 331	79					
		<u> </u>		City/State a	ınd Zip o	ode	. <u></u> .
hamishw	veb@o	utlook.com					
			E-mail address:	(to be used	for futur	e annual report n	otification)
For furtl	her inf	ormation c	oncerning this ma	tter, please	call:		
Stephen	Rose		g	305	606	6646	
	Name	of Person		Area Coo	ie	Daytime Telepl	none Number
	Regist Divisi The C 2415 i	ration Section of Corpenter of Ta	tion orations dlahassee Street, Suite 810	:		Registration S Division of Co P.O. Box 6327	ection orporations 7
	ake ch	eck payable	to: FLORIDA DE	PARTMEN Fee &(□ \$78.7.	5 Filing Fee &	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

American Salmon Incorporated

under the law of which it is incorporated.

	on Corporation			
(If name unavails	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting bus	iness in Florida)	
Nevada	$\frac{3}{\text{y under the law of which it is incorporated}}$	3-1810683		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
9/5/2018	of incorporation) 5.			
	of incorporation)	(Date of duration, if other than perpetual)		
2/3/23				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) E.S. to determine penalty liability)		
18271 NE 4th Co	ourt, Miami, FL 33162	i io determine penanty maonity)		
	(Principal office	street address)		
12380 NW 116th	Ave, Miami, FL 33179	<u></u> ,		
	(Current mailing a	address, if different)		
			024 AP.2 -1	
Name and street	et address of Florida registered agent: (P.O. I	3ox NOT acceptable)	: 0	
Name:	Stephen Rose			
	12380 NW 116th Ave, Miami, FL 33179	_	PH 4: 07	
ffice Address:	•	_		
	Miami	, Florida	∵	
	(City)	(Zip code)		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS Jonathan Brown Stephen Rose Name: □Chairman □ Chairman 12380 NW 116th Ave, 12380 NW 116th Ave, □ Vice Chairman Address: ☐Vice Chairman Address: Miami, FL 33179 Miami, FL 33179 Director □ Director President □ President □ Vice President ■ Vice President □ Secretary **■** Treasurer ■ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ Name: □Chairman □Chairman □Vice Chairman Address: _____ □Vice Chairman Address: _____ □ Director □ Director ☐ President □President □Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐Treasurer □Other _____ □Other ____ □Other _____ ☐ Chairman Name; _____ □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: Director □Director □President □President □Vice President □Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □Other ____ □Other _____ □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Stephen Rose, VP

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **American Salmon**, **Inc**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/06/2022, and is in good standing in this state.

Certificate Number: B202403254491608

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Scal of State, at my office on 03/25/2024.

Htqulan

FRANCISCO V. AGUILAR Secretary of State